STATE OF MONTANA DEPARTMENT OF INSURANCE

840 Helena Avenue, Helena, MT 59601 1-800-332-6148 (in state) (406) 444-2040 - Fax (406) 444-3497 e-mail stateauditor@state.mt.us web site - sao.state.mt.us

INDIVIDUAL PRODUCER APPLICATION FOR LICENSE

(THIS FORM MAY BE DUPLICATED)

(() RESIDENT) NONRESIDENT		() CAS	SUALTY	() PRO () LIM () VAF () SUF () TITL () TRA	ABILITY DPERTY ITED LINES RIABLE CON RETY LE AVEL	NTRACTS		
1.	Name of Applicant:								
	Sex (Circle One)	Last M	F	First		Middle	9		
_	,	141							
۷.	Business Address: (Where Insurance lice	ense will be posted)	С	ity	State	Zip			
3.	Residence Address:_								
				ity	State	Zip			
4.	Date of Birth:			Social S	ecurity:				
5.	Business Phone No.:	usiness Phone No.: Residence Phone No.:							
6.	Detail residence, emp	Detail residence, employment, etc., for the past three years to date.							
	From Mo/Yr I	Fo Resi Mo/Yr	dence	Er	mployer	Occup Self E	pation if mployed		
7.	Were you ever previo	ously licensed in this	or another stat	te?	Ye	es ()	No ()		
	If yes, give state and	years for which you	were licensed:						
8.	Has any administrative action* ever been taken against you? Yes () No ()								
	*You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.								
	If yes, give details:								

9.	Have you ever, in this or another state, been refused a license or had your license suspended or revoked?							
		Yes	()	No	()	
	If yes, give details:						<u></u>	
10.	Have you ever been convicted of a felony?	Yes	()	No	()	
	If yes, attach copies of court documents:							
11.	Have you ever had an agency contract with a company canceled for a reason other than lack of production or mutual agreement?	Yes	()	No	()	
	If yes, give details?							
12.	If the application is for life and/or disability insurance, are you an officer, employee, representative, or hold any interest in a funeral business?	Yes	()	No	()	
13.	Are you familiar with the laws of Montana governing the solicitation and sale of insurance?	Yes	()	No	()	
14.	Do you understand that you are not to solicit or sell insurance until a license has been issued to you by the Insurance Department and an appointment has been issued to you by the insurer?	Yes	()	No	()	
15.	What instruction in insurance have you had or do you expect to receive?							
	Signature of Applicant							

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INDIVIDUAL APPLICANT INSTRUCTIONS FOR NON-RESIDENT PRODUCER LICENSE

Applicants for a Montana Non-resident Insurance Producer License are required to complete either the enclosed form or a NAIC Uniform Application for Non-resident License. A complete application packet will include:

- Application Form completed by the applicant and information must be current to date of application (also available on our website at sao.state.mt.us).
- Certification from your resident state Insurance Department; this certification must indicate that you are currently licensed in your resident state as a producer and list the lines of insurance you are authorized to write (not more than 90 days old).
- Montana licenses Non-resident business entities, on a reciprocal basis. If you intend to solicit on behalf
 of a business entity and share commissions with a business entity, that entity must also be licensed-in
 this instance, the Producer's Restriction Letter is not required.
- If you are requesting licensure to market variable products, a U-4 confirmation of status must accompany the application.
- Include a \$100.00 licensing fee per person, per line of authority.
- Montana Non-resident licensees must file an annual Non-resident renewal and verification of continuing education compliance to retain a license in good standing (a current home state letter of certification).
- Incomplete applications will not be processed unanswered requests for information to complete an
 application will result in the application being rejected. Application fees will not be returned and the file
 will be destroyed after 6 months.

Wpusers/ins/lic/forms/Ind.Instructions for NR.doc (10/02)

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INDIVIDUAL APPLICANT INSTRUCTIONS FOR A RESIDENT MONTANA INSURANCE LICENSE

An individual applying for a Montana Resident Insurance Producer's License must complete the enclosed form.

•	Application Form – completed by the applicant and information must be current to date of application (available on our website at sao.state.mt.us).
•	Proof of passing – test scores from the licensing examination.
•	If you are requesting licensure to market variable products, a U-4 confirmation of status must accompany the application.
•	A clearance letter from your last state of licensure if previously licensed in another state along with "proof of passing" the Montana law portion of the licensing examination.
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